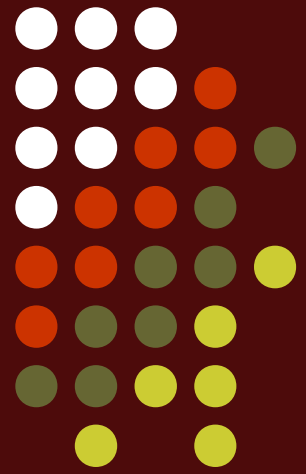
Current Procedural Terminology (CPT-4)

By: Carnell Hansley

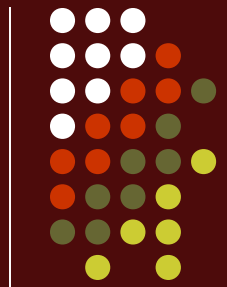


Introduction to CPT

- ***Current Procedural Terminology (CPT), is used to code the procedures and services performed by physicians.***

- ***It is a systematic listing of all current and FDA (Food and Drug Administration) approved physician procedures and services.***

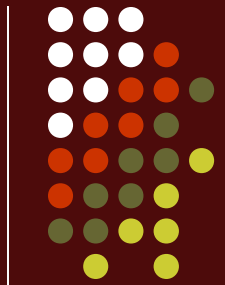
Introduction to CPT



- ***It has a unique five digit code that is used to identify each procedure or service.***

- ***Individual code numbers have been assigned to identify all procedures***

Introduction to CPT



- *Example:*

- *99201 Office an other outpatient visit for the evaluation and management of a new patient, which requires these three components:*

  - *A problem-focused history;*
  - *A problem-focused exam; and*
  - *Straightforward medical decision making*

Introduction to CPT

- ***Example cont'd:***
- *99201 identifies a specific service*
- *History and exam includes focusing on one, and only one, patient problem*
- *Straight-forward decision making for a new patient office or outpatient visit*

Introduction to CPT

- ***CPT was first published in 1966 by the American Medical Association***

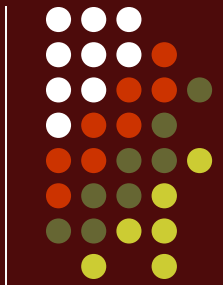
- ***The first edition was designed to:***

  - *Encourage the use of standard terms*
  - *Document procedures in the medical record*
  - *Communicate accurate information on procedures to insurers*
  - *Provide the basis for computer oriented systems*
  - *Contribute basic information for statistical purposes*

Introduction to CPT

- *A different code is assigned to every service*
- *Thus each procedure or service can be identified by a number rather than a lengthy written description*
- ***CPT established as a result of conversations between:***
  - *American Medical Association*
  - *Executive Committee of the National Association of Blue Shield Plans*

Introduction to CPT



- ***CPT Cooperating Bodies cont'd:***
  - *Committee on Fees of the California Medical Association*
  - *College of American Pathologists*
  - *American College of Radiology*
  - *American Society of Internal Medicine*
  - *Health Insurance Council*
  - *U. S. Department of Health, Education, an Welfare*

CPT Codes

- ***Individual CPT codes allow insurance carriers across the country to:***
- *Communicate more effectively*
- *Compare reimbursable amounts for procedures*
- *Speed the processing of claims*

CPT CODES

- *Throughout 1960's and 1970's popularity of CPT limited*
- *In the early 1980's Congress decided to use CPT for coding of all procedures and services provided to Medicare patients*
- *CPT did not include other items that needed to be reported to Medicare – injections, ambulance service, wheelchairs, etc.)*
- *Limitations in CPT led to invention of a common coding system by the Health Care Financing Administration (HCFA)*

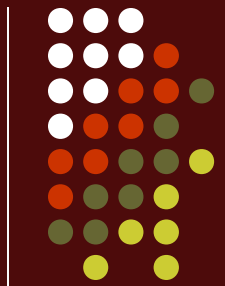
HCFA Codes

- *Medicare Program was run by HCFA under the federal government's Department of Health, Education, and Welfare, which is now called the Department of Health and Human Services (DHHS).*

- *HCFA's changed its name to the Centers for Medicare and Medicaid Services (CMS).*

- *A second and third level has been added to code second and third level items not found in CPT*

HCPCS Codes



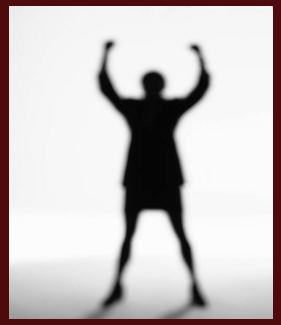
- *HCPCS – HCFA Common Procedural Coding System (CMS):*
- *Updated annually to allow for rapid changes in medicine, new procedures, deletion of older less used procedures*
- *AMA - changes represent today's medical practices*

HCPCS Codes

- *New updates critical to accuracy and efficiency of facility*

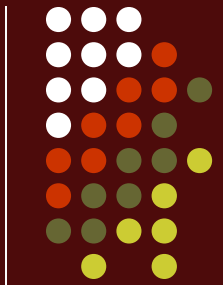
- *Prevents possibility of:*
  - *missing changes*
  - *Risk to reimbursement*

What is HCPCS



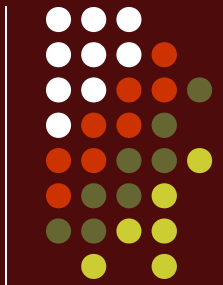
- ***Describes members of one group:***
- *Level I codes - CPT Codes*
- *Level II codes - National Codes*
- *Level III codes - Local Codes*

HCPCS Level Codes



- ***Level I Codes – CPT:***
  - *Adopted as standard for coding by the federal government*
  - *Used to code physician procedures and services*
  - *Published yearly*

HCPCS Level Codes cont'd



Level II Codes – National Codes:

- *Invented to provide method of billing for procedures and supplies for Medicare patients*
- *Recognizes services (but does not necessarily pay for) not found in CPT or not extensively coded*
- *Five digit codes consisting of alpha and numeric codes (i.e. A4550 Surgical Tray)*
- *First digit always starts with a letter from A to V.*

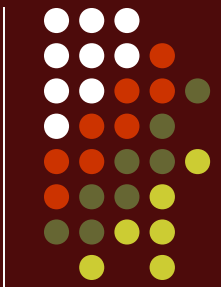
HCPCS Level Codes cont'd

- *Used to bill for procedures and services such as:*
  - *Dental work*
  - *Durable medical equipment*
  - *Injections*
  - *Opthamological services*

HCPCS Level Codes cont'd

- **Billing procedures cont'd:**
  - *Orthotics*
  - *Some pathology*
  - *Laboratory services*
- *Published yearly by Medicare in National Coding Manual*

HCPCS Level Codes cont'd



• Level III Codes – Local Codes:

- *Invented so individual carriers could report, via codes, the development of trends in a particular state.*
  - *Ex. technological breakthroughs often lead to procedures and services for which there are no codes in either CPT or the National Coding Manual*
- *Used to describe procedures and services that usually do not exists in CPT or National Coding manuals*

HCPCS Level Codes cont'd

- **Level III Codes – Local Codes cont'd:**

  - *Local codes provided carriers with the flexibility to invent codes for these procedures and services*

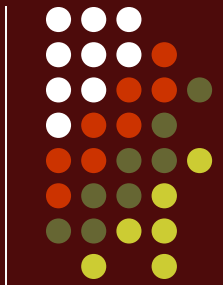
  - *Describe procedures and services coded by Medicare carriers feel are better described through the use of another code*

  - *Developed on an as needed basis (rather than once a year) by statewide local Medicare carriers*

HCPCS Level Codes cont'd

- *Replaces unlisted procedure codes leading to excessive time and energy for carriers*
- *Currently, the letters W, X, Y, and Z are reserved for Local Codes*
- *.*
- *Must be approved by CMS prior to implementation*

Division of CPT



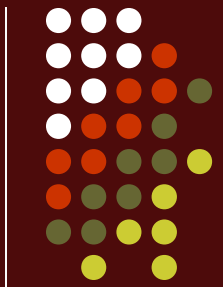
- *CPT is divided into six sections:*

- *E & M Codes*
  (Evaluation and Management)
- *Anesthesia*
- *Surgery*
- *Radiology*
- *Pathology*
- *Laboratory*
- *Medicine*

Division of CPT cont'd

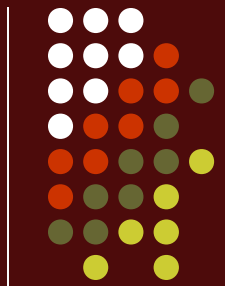
- ***CPT Code Sections:***
  - *E & M – 90000 (noninvasive procedure or service)*
  - *Anesthesia – 00000*
  - *Surgery – 10000 thru 60000*
  - *Radiology – 70000*
  - *Pathology and Laboratory – 80000*
  - *Medicine – 90000 (noninvasive procedure or service)*

Appendices



- *Appendix A – complete listing of modifiers found throughout the book*
- *Appendix B – summaries of additions, deletions, and revisions made to the book during that year*
- *Appendix C – examples of the different kinds of Evaluation and Management visits*

Appendices cont'd



- *Appendix D – list of Add-on codes found in CPT. Add-on codes should be listed (if appropriate) in addition to the code for the main service.*
  - ***Example:***
  - *11200 – removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions*
  - *11201 – each additional ten lesions (list separately in addition to code for primary procedure)*

Appendices cont'd

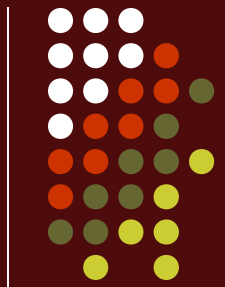
- Appendix E – Summary of CPT Codes exempt from Modifier 51, but have not been designated as CPT ad-on procedures/services.

- Codes are identified in CPT with a symbol.

Index

- *Always start with the index when trying to locate a code*
- *index provides codes within a certain range*
- *Look up the codes and select the code which most closely describes the procedure performed*
- *Page number not cited in CPT, book is set-p in numeric order*

Index cont'd



- *the range of codes that include the procedure or service is provided*

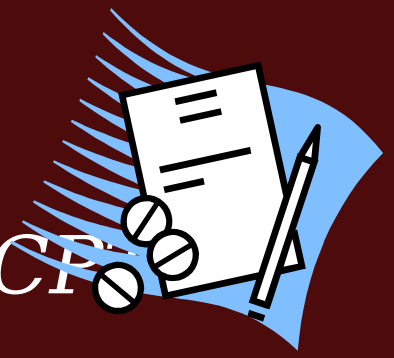
- *Codes can be found by looking under the condition for which the patient is being treated (i.e. tumors or adhesions), by looking up the procedure (i.e. surgical arthroscopy, therapy, etc.), or by looking up the abbreviation (i.e. CPK)*

Editorial Notations

- *Editorial Notation – sign to the coder that something about a particular code is different from other codes in the book.*

- *When an editorial notation is provided care should be taken in using that particular code number*

- *There are six notations used in CPT*



Editorial Notations

- ***Bullet***
- ***Triangle***
- ***Star (asterisk)***
- ***Double inverted triangles***
- ***Plus sign***
- ***Exempt symbol***

Editorial Notations cont'd

- ***Bullet*** *- the code and its description are new to the book for that year*

- ***Triangle*** *- description of the code has changed since last year*

- ***Star (asterisk)*** *- Surgical Package concept does not apply, and the procedure or service needs to be billed separately for the different components of the Surgical Package, if appropriate, in addition to billing for the starred procedure.* ***("a la carte concept applies) Stars are only found in the surgical section.***

Editorial Notations cont'd

- ***Double inverted triangles*** *- some text other than the actual descriptions of the codes have been added or changed. Inverted triangles will only appear before and after the verbiage for one year and can be found anywhere in the CPT book.*

- ***Plus sign (add-on codes)*** *– some services in CPT take into account "more parts" of another service*

- ***Exempt symbol*** *– codes found with this notation do not require the use of the multiple procedure modifier –51.*
  - *Ex. 22841 – Internal spinal fixation by wiring f spinous process*